



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Mental Health, Retardation, and Hospitals  
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To: Andrew D. Hyman  
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From: Ronald W. Tremper  
Administrator of Development and Special Projects

Date: January 3, 2003 (Updated 1/10/03)

Re: HIPAA Coding

I've attached a revised version of the code analysis that I sent to you in October, taking into account the new codes that appear to have been released on December 31, 2002. Although the process has been long and confusing at times, it appears at this point as if we've been quite successful in moving our agenda forward. In fact, it appears that "Crisis Residential" and "MH Mobile Crisis" are the only codes/modifiers that we proposed that have not yet been addressed in any way.

Given the length of the attached comprehensive document, I've pulled out those codes that appear to still have some "issues" that I believe we need to discuss and resolve and put them in as a separate attachment (Attachment II). The third and final section of this note (Attachment III) deals with a few SA-only codes and a bit on modifiers.

Please feel free to distribute this as you see fit.

Cc: Stenning, Power, Murray, Gonzales, Manderscheid, Baker

## STATUS OF LOCAL MH CODE REQUESTS AS OF 1/6/02

### Primary Documents:

Spreadsheet of code request status, R. Pletcher, October, 2001  
Local Code Request to Panel December, 2001  
D. Greenberg response to December request.  
Local code submission June, 2002  
Transmittal from D. Greenberg—K. Riley June 2002  
HCPCS Temporary Coding Decisions for 2002 October, 2002  
HCPCS Temporary National Coding Decisions for 2003 (12/31/02)

### Format:

Line 1: Service # and title from R. Pletcher sheet Oct. 2001, Page # from 6/02 submission  
Line 2: Recommendation From Greenberg Panel In Response To Jan. '02 Submission.  
Line 3: Response From NASMHPD/NASADAD  
Line 4: David Greenberg Transmittal To Kaye Riley, June '02  
Line 5: Outcome per both Oct. 2002 and Dec. 2002 Coding releases.

\* indicates that it does not appear to have been forwarded to K. Riley for action.

*Items in italics indicate results from Dec. 2002 release.*

Items in **bold** are items that have been acted on but for which potential issues remain OR which have not been acted on.

### S4320 MH Assessment (1)

Rec: Add "non-physician"  
Resp: OK. Request "T"  
Riley: MH Assessment "T" code  
Outcome: H0031, "Mental health assessment by non-physician"

### S4324 MH Screening PASARR-1 (3)

Rec: *Extensive rewording provided by Panel, will then recommend "T"*  
Resp: *Wording accepted and submitted, title changed to MH/MR per panel.*  
Riley: *Not found.*  
Outcome: *T2010*

### S4324b MH Screening PASARR-2 (5)

Rec: *Extensive rewording provided by Panel, will then recommend "T"*  
Resp: *Wording accepted and submitted, title changed to MH/MR per panel.*  
Riley: *Not found.*  
Outcome: *T2011*

### S4323 MH Level Of Care Screening (7)

Rec: Use H0002 modified to "BH".  
Resp: NASMHPD OK. NASADAD disagrees.  
Riley: Use modified H0002  
Outcome: H0002 Behavioral Health Screening to determine eligibility for admission to treatment program

### S4325 MH Service Plan Development (9)

Rec: Change to read "MH Service Plan Development by Non-Physician", H code  
Resp: Much is done multi-disciplinary team which MIGHT involve physician. Therefore do not want to preclude physician participation. Changed service desc. to indicate possibility, but not necessity, of physician participation. Want T code.  
Riley: Asked for "MH Service Plan Development by Non-Physician", T code.  
Outcome: H0032 MH Service Plan Development by Non-Physician  
Comment: Appears to preclude participation by physician in treatment planning done by

multidisciplinary team and reimbursed as a single unit of service.

S4327 Oral Med Administration (11)

Rec: Change to "Oral Med Administration, Direct Observation  
Resp: Change made, want T code.  
Riley: Oral Med Administration, Direct Observation, H code.  
Outcome: H0033 Oral Med Administration, Direct Observation

##### Comprehensive MH Med Services (13)

Rec: Overlaps "Oral Med Admin", clarify and be more precise and concise.  
Resp: Enhanced description and business need to differentiate, ask for T code.  
Riley: Not Found  
Outcome: H2010 Comprehensive Medication Services, per 15 minutes  
Short Comprehensive med svc 15 min

S4328 MH Medication Train, Support (15)

Rec: Remove "MH", add 15 min unit, will ask for H code  
Resp: Removed MH, requested 1 min and 15 min units.  
Riley: Medication Training and Support, 15 min, H code.  
Outcome: H0034 Medication Training and Support, per 15 minutes

S4330 MH Crisis Intervention (17)

Rec: Remove MH, will request S code  
Resp: MH removed, T code  
Riley: Not Found  
Outcome: S9485 Crisis intervention, mental health services, per diem (existing)  
Short: Crisis intervention, per diem  
S9484 Crisis Intervention mental health services, per hour  
Short: Crisis intervention per hour.  
H2011 Crisis Intervention Service, per 15 minutes  
Short: Crisis interven svc, 15 min

\*S4331 MH Crisis Residential (19)

Rec: Involves room and board, contact NUBC  
Resp: Clarified that room and board is NOT included in this service, asked for T  
Riley: Not found.  
Outcome: NA

\*S4330b MH Mobile Crisis Services (21)

Rec: Use Crisis Intervention HCPCS and #15 Mobile Unit POS code  
Resp: Renamed Crisis Outreach Services, clarified modality is distinguishable approach to service provision and not just POS, clarified Medicaid-billable at present.  
Riley: Not found.  
Outcome: NA

S4332 MH Partial Hospitalization Services (23)

Rec: Resubmit w/word "services" removed, add "< 24 hours".  
Resp: MH Partial Hospitalization Treatment, Less Than 24-Hours, T code requested  
Riley: MH Partial Hospitalization Treatment, Less Than 24-Hours, T code requested

Outcome: H0035 Mental Health Partial Hospitalization Treatment, Less Than 24-Hours

*S0201 Partial Hospitalization services, less than 24 hours, per diem*

**S4357 MH Counseling and Therapy (25)**

Rec: Modify current SA code H0004 to read "Behavioral Health", add 15 min unit.  
Resp: NASMHPD and NASADAD disagreed. NASMHPD proposed adding "BH Counseling/Therapy" AND keeping H0004 "SA Counseling and Therapy" as to change H0004 or replace would cause significant disruption to state systems of care. The NASMHPD approach would allow states that are structured to differentiate between SA and MH services to do so by using H0004 for SA and new BH code for Mental health. States with totally integrated service delivery could use BH code. Clarified that these are not arbitrary decisions between types of service but overall state philosophies and approaches to care and treatment that should not be impacted by coding.  
Riley: Discontinue H0004 and replace with new H code "Behavioral health counseling and therapy, per 15 min"  
Outcome: Revise H0004 to "Behavioral health counseling and therapy, per 15 min"

**S4333 MH Day Treatment**

Rec: Use T1008 w/modifiers  
Resp: NASADAD disagrees. NASMHPD has two issues as T1008 clearly states "for individual alcohol and/or SA services". First, T1008 is clearly not for MH services. Second, the MH approach to day tx is predominately done in a group and not individual setting. Proposed appropriate changes to allow generic use. NASADAD disagrees w/generic approach.  
Riley: Not found.  
Outcome: H2012 Behavioral Health Day Treatment, per hour  
Short: Behav Hlth Day Treat, per hr  
Note: T1008 discontinued EFFECTIVE 4/1/03

**S4358 MH Case Management (29) {WITHDRAWN}**

Rec: Use T1016 (case management) and T1017 (targeted case management). Eliminate H0006.  
Resp: NASMHPD agrees that T1016 and 1017 are appropriate and withdraws code request. NASADAD opposes elimination of H0006.  
Riley: NA  
Outcome: NA

**S4338 MH Community Support (31)**

Rec: Expand, clarify, remove MH, add 15 min unit, will approve H  
Resp: Renamed "Community Psychiatric Supportive Treatment", clarified, removed MH, asked for minutes, 15 min, per diem, per month, other unit, T code.  
Riley: As renamed and clarified, 15 min and per diem, T code  
Outcome: H0036 Community psychiatric supportive treatment, face to face, per 15 min.  
H0037 Community psychiatric supportive treatment program, per diem.  
Comment: Choice of "face-to-face" could prove problematic in that CPST services often include activity such as collateral contact and treatment planning in the overall service to be billed as "CPST". Necessity for client presence might preclude this approach.

**S4339 MH Self Help/Peer Services (34)**

Rec: Remove MH, add 15 min unit.  
Resp: Removed MH, asked for minutes, 15 min, T code.  
Riley: Self-help/peer services per 15 min, T code  
Outcome: H0038 Self-help/peer services per 15 min

**S4340 MH Assertive Community Treatment (36)**

Rec: Remove MH, add 15 min unit, will ask for H.  
Resp: Removed MH, asked for T code.

Riley: Assertive Community Treatment per 15 min, per diem, T code  
Outcome: H0039 Assertive community treatment, face-to-face, per 15 minutes  
H0040 Assertive community treatment program, per diem.  
Comment: Choice of "face-to-face" could prove problematic in that states often need to show ACT services as a separate and unique activity and might include activity such as collateral contact and treatment planning in the overall service to be billed as "ACT". Necessity for client presence might preclude this approach.

S4341 MH Personal Assistance (39) {WITHDRAWN}

Rec: Use T1019, T1020  
Resp: Request withdrawn, will use T1019, T1020  
Riley: NA  
Outcome: NA

S4343 MH Residential Treatment (41)

Rec: Make H0017, H0018 and H0019 Generic.  
Resp: NASMHPD agrees with proposed changes. NASADAD disagrees  
Riley: Replace H0017. Short: BH Residential, per diem. Long: BH residential (hospital residential treatment program), without room and board.  
Replace H0018. Short: BH S-T resid, per diem. Long: Behavioral health, short term residential (non-hospital residential treatment program) without room and board, per diem.  
Replace H0019. Short: BH L-T resid, per diem. Long: Behavioral health, long-term residential (non medical, non –acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem.  
Outcome: H0017. Behavioral health residential (hospital residential treatment program), without room and board.  
H0018. Behavioral health, short term residential (non-hospital residential treatment program) without room and board, per diem.  
H0019. Behavioral health, long-term residential (non medical, non –acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

#### MH Residential Care (43) {WITHDRAWN}

Rec: Seek code from NUBC as this includes room and board and HCPCS does not deal with same  
Resp: Request withdrawn, interested states should pursue code with NUBC  
Riley: NA  
Outcome: NA

S4347 MH Respite Residential (45)

Rec: Use T1005 for 15 min units and S9125 for per diem with appropriate POS code.  
Resp: T1005 (respite care services, up to 15 minutes) is appropriate. S9125 however contains wording "in client's home" which is not necessarily applicable for the service being provided as it is sometimes provided IN the home and sometimes OUT of the home. Request either a new code or that S9125 be modified by removing "in the home" or by adding the words "in the home or out of the home".  
Riley: Respite, not in the home, per diem, T code  
Outcome: H0045 Respite care services, not in the home, per diem.

S4394 MH Foster Care, Non Therapeutic (47)

Rec: Change to Foster Care, child, non-therapeutic and indicate unit of service. Use NMEH waiver codes for Foster Care, adult, per month and Foster Care, adult, per diem.  
Resp: Changes made, per diem and per month requested.  
Riley: As submitted.  
Outcome: H0041 Foster care, child, non-therapeutic, per diem

H0042 Foster care, child, non-therapeutic, per month.

**S4342 MH Therapeutic Foster Care (49) {WITHDRAWN}**

Rec: Withdraw and use codes submitted by NMEH waiver subgroup, "Foster care, child, therapeutic, per month" and "Foster care, child, therapeutic, per diem".

Resp: Withdrawn assuming approval of NMEH request.

Riley: NA

Outcome: NMEH requested codes approved

S5145 Foster care, child, per diem

S5146 Foster care, child, per month

**Psychiatric Health Facility (51)**

Rec: Consult with NUBC for code for this facility.

Resp: Clarified that this service does not include room and board, that it is mandated by state law in CA, and that it is currently covered by Medicaid.

Riley: Not Found

Outcome: H2013 Psychiatric Health Facility Service, per diem

Short Psych hlth fac svc, per diem

**S4345 MH Supported Housing (53)**

Rec: Remove MH, include unit of service.

Resp: Removed MH, requested per diem, per month, other units, T code.

Riley: Supported housing, per diem, H; Supported Housing, per month, H.

Outcome: H0043 Supported housing, per diem

H0044 Supported Housing, per month

**S4345 MH Respite, non-residential (55)**

Rec: Use T1005 for 15 min and S9125 for per diem with appropriate POS code

Resp: T1005 (respite care services, up to 15 minutes) is appropriate. S9125 however contains wording "in client's home" which is not necessarily applicable for the service being provided as it is sometimes provided IN the home and sometimes OUT of the home. Request either a new code or that S9125 be modified by removing "in the home" or by adding the words "in the home or out of the home".

Riley: Respite, not in the home, per diem, T code

Outcome: H0045 Respite care services, not in the home, per diem

Comment: This wording would seem to preclude provision of respite care IN the home on a per diem basis. State require the flexibility to tailor and reimburse for services in a manner that is most beneficial to the client without regard for restrictions imposed by a coding entity. Possibly use S5150 (Unskilled respite care, not hospice; per 15 minutes) and S5151 (Unskilled respite care, not hospice; per diem) as they do not appear to be linked to physical location.

**S4365 MH Skills Training and Development (57)**

Rec: Clarify service, provider type, remove MH.

Resp: Clarified that not a service provided in a facility as preparation for discharge, that providers are trained mental health professionals, and removed "MH" from the title. Also clarified that this service is currently Medicaid reimbursable under 20 local codes in multiple states and asked for T code.

Riley: Not found.

Outcome: H2014 Skills Training and Development, per 15 minutes

Short: Skills Train and Dev, 15 min

**S4353 MH Comprehensive Community (59)**

Rec: Clarify and distinguish from MH Community Support, add unit of service,

*remove MH from title.*

Resp: Both items in question re-worked and given new titles to emphasize clarify differentiation, units of minutes, 15 min, per diem, per month, other unit added, T.

Riley: Not found.

Outcome: H2015 Comprehensive Community Support Services, per 15 minutes  
Short Comp Comm Supp Svc, 15 min  
H2016 Comprehensive Community Support Services, per diem  
Short Comp Comm Supp Svc, per diem

S4334 MH Psychosocial Rehab (61)

Rec: Does not define a unique service, use existing codes.

Resp: Clarified uniqueness of service citing Surgeon General, the literature, IAPSRs, and CMHS. Indicated that this service is currently covered under 54 existing Medicaid codes in multiple states, asked for T code.

Riley: Not found.

Outcome: H2017 Psychosocial Rehabilitation Services, per 15 minutes  
Short PsySoc Rehab Svc, per 15 min  
H2018 Psychosocial Rehabilitation Services, per diem  
Short PsySoc Rehab Svc, per 15 diem

S4364 MH Therapeutic Behavior Services (63)

Rec: Explain content, where furnished, type of provider, and whether provider is merely available or providing active treatment.

Resp: Significantly expanded description to answer all requests. Indicated that service is currently reimbursed by Medicaid under 43 local codes, requested T code.

Riley: Not found.

Outcome: H2019 Therapeutic Behavioral Services, per 15 minutes  
Short Ther Behav Svc, per 15 min  
H2020 Therapeutic Behavioral Services, per diem  
Short Ther Behav Svc, per diem

S4366 MH Community-based wrap-around (66)

Rec: Remove MH from title, add units of service, will request H.

Resp: Removed MH from title, requested units of minutes, 15 min, per diem, per month, other unit

Riley: Not found.

Outcome: H2021 Community-Based Wrap-Around Services, per 15 minutes  
Short Com Wrap-Around Sv, per 15 min  
H2022 Community-Based Wrap-Around Services, per diem  
Short Com Wrap-Around Sv, per 15 diem

S4363 MH Supported Employment (68)

Rec: Remove MH from title, add units of service, will request H.

Resp: Removed MH from title, requested units of minutes, 15 min, per diem, per month, other unit, requested T code.

Riley: Not found.

Outcome: H2023 Supported Employment, per 15 minutes  
Short Supported Employ, per 15 min  
H2024 Supported Employment, per diem  
Short Supported Employ, per diem

##### MH Ongoing Support--Employment (71)

Rec: Remove MH from title, add units of service, differentiate from MH Supported Employment, will request H.

Resp: Removed MH from title, requested units of minutes, 15 min, per diem, per month,

other unit. Renamed the service and provided detailed description of service and uniqueness.

Riley: Not found.

Outcome: H2025 Ongoing Support to Maintain Employment, per 15 minutes  
Short Supp Maint Employ, 15 min  
H2026 Ongoing Support to Maintain Employment, per diem  
Short Supp Maint Employ, per diem

#### S4351 MH Psycho-educational Services (73)

Rec: Remove MH from title, add units of service, clarify who will provide, will request H.

Resp: Removed MH from title, requested units of minutes, 15 min. Clarified service provided by a trained MH professional, excluding a physician, requested T as is currently reimbursed under Medicaid in multiple jurisdictions.

Riley: Not found.

Outcome: H2027 Psycho-educational Service, per 15 minutes  
Short Psychoed Svc, per 15 min

#### S4352 MH Prevention Services (74)

Rec: Modify H0024, H0025 to eliminate reference to SA and make generic

Resp: NASMHPD concurs that codes H0024—H0029 made generic would suffice.  
NASADAD disagrees.

Riley: Modify H0024 to Short: BH Info Dissem. Long: Behavioral Health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)”

Modify H0025 to Short: BH Education Serv. Long: Behavioral Health prevention education service (delivery of services with target population to affect knowledge, attitude, and or behavior)”

Outcome: H0024 Behavioral Health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)  
H0025 Behavioral Health prevention education service (delivery of services with target population to affect knowledge, attitude, and or behavior)

#### ##### MH Family Support Services (76) {WITHDRAWN}

Rec: Use other counseling and psycho-educational codes requested in submission.

Resp: Withdrawn conditionally pending approval of other required codes.

Riley: NA

Outcome: NA

#### ##### MH Sex Offenders (78)

Rec: Provide units of service, rename “MH Sexual offender tx program”, will recommend H code.

Resp: Added units of per minute, per 15 minutes, per diem; renamed and resubmitted.

Riley: Not found.

Outcome: H2028 Sexual Offender Treatment Service, per 15 minutes  
Short Sex Offend Tx Svc, 15 min  
H2029 Sexual Offender Treatment Service, per diem  
Short Sex Offend Tx Svc, per diem

#### S4339b MH Clubhouse (80)

Rec: Provide units of service, indicate provider characteristics, rename “Mental Health Self Help Community-Based Program”, will recommend H

Resp: Clarified that this is NOT a self-help program but a therapeutic community involving active participation of both trained staff and clients. Clarified also that this is a distinct treatment model differentiated from other rehabilitative service programs for the mentally ill. Added units of service per minute, per 15 minutes, per diem.

Riley: Not Found



Outcome: H2030 Mental Health Clubhouse Services, per 15 minutes  
Short MH Clubhouse Svc, per 15 min  
H2031 Mental Health Clubhouse Services, per diem  
Short MH Clubhouse Svc, per diem

S4335 MH Activity Therapy (82)

Rec: Use G0176 with appropriate units (currently is "45 minutes or more"), specify suitable unit.  
Resp: Agree that G0176 is appropriate as long as time is changed. Requested units of per minute and per 15 minutes.  
Riley: NA  
Outcome: H2032 Activity Therapy, per 15 minutes  
Short Activity Therapy, per 15 minutes

S4361 MH Services, Other (84)

Rec: Will recommend H code, change title to "MH Services, not otherwise specified"  
Resp: Resubmitted with change to "MH Services, not otherwise specified"  
Riley: "MH Services, not otherwise specified"  
Outcome: H0046 "MH Services, not otherwise specified"

S4346 MH Services, Supervised Housing (86) {WITHDRAWN}

Rec: Use MH Supported Housing as requested prior in this document.  
Resp: Withdrawn pending approval of MH Supported Housing code, will use with intensity modifier.  
Riley: NA  
Outcome: Codes H0043 and H0044 approved for Supported Housing

##### MH Crisis Hotline (88)

Rec: Delete SA reference in H0030 and re-designate as "Crisis Hotline Service"  
Resp: NASMHPD and NASADAD agree.  
Riley: Modify H0030 to BH Hotline Service  
Outcome: H0030 Behavioral health hotline service

##### MH Consumer Support Assistance--General (90) {WITHDRAWN}

Rec: Request defines a stipend, not a service.  
Resp: NASMHPD agrees, request withdrawn.  
Riley: NA  
Outcome: NA

##### Comprehensive MH Hospital Inpatient Services (92) {WITHDRAWN}

Rec: Includes room and board, go through NUBC  
Resp: Request withdrawn. Interested states should pursue code with NUBC  
Riley: NA  
Outcome: NA

##### MH Outreach (94)

Rec: Use a generic H0023  
Resp: NASMHPD agrees that H0023 appropriately renamed and edited to remove SA references is sufficient. NASADAD disagrees.  
Riley: Revise H0023 to remove references to SA.  
Outcome: H0023 Behavioral health outreach service (planned approach to reach a targeted

population)

##### MH Competency Evaluation (96) {WITHDRAWN}

)

Rec: Use requested MH Assessment code w/requested "court-ordered" modifier.  
Resp: Request withdrawn pending approval of MH Assessment and Court-Ordered requests.  
Riley: NA  
Outcome: NA

##### MH Family Self-Sufficiency Program (98) {WITHDRAWN}

Rec: Define in greater detail and specify whether it involves a housing payment or a direct service.  
Resp: Request withdrawn as NASMHPD is currently unable to differentiate between the housing payment and direct service aspects of the request.  
Riley: NA  
Outcome: NA

##### Multi-Systemic Therapy (100)

Rec: *Provide a unit of service, rename Multi-Systemic Therapy for Juveniles, will recommend H code.*  
Resp: *Changed name as recommended, added units of 1 minute and 15 minutes.*  
Riley: *Not Found*  
Outcome: *H2033 Multisystemic Therapy for juveniles, per 15 min.*  
*Short Multisys Ther/Juvenile 15 min.*

##### Fire Setter Evaluation (103) {WITHDRAWN}

Rec: Use CPT evaluation and management codes (99221-99233 and 99241-99263 or psychiatry codes (90801)  
Resp: Request withdrawn as recommended codes will suffice.  
Riley: NA

Outcome: NA

Codes From December '01 Not Requested 6/02

S4348 MH Community Integration Skills  
S4349 MH Rehabilitation-Education Oriented  
S3450 MH Rehabilitation-employment oriented  
S4354 MH Comp residential Services  
S4359 MH Consultation  
S4344 MH Room and Board

## **SECTION II: CODING ISSUES NEEDING RESOLUTION JANUARY, 2003**

These items are grouped into three areas: 1) codes that have not yet been addressed; 2) codes that have been addressed but on which NASADAD and NASMHPD disagree; and 3) codes that were addressed but still present some problems to NASMHPD.

### **NOT ADDRESSED**

#### **S4331 MH Crisis Residential (19)**

Rec: Involves room and board, contact NUBC  
Resp: Clarified that room and board is NOT included in this service, asked for T  
Riley: Not found.  
Outcome: NA

#### **S4330b MH Mobile Crisis Services (21)**

Rec: Use Crisis Intervention HCPCS and #15 Mobile Unit POS code  
Resp: Re-named Crisis Outreach Services, clarified modality is distinguishable approach to service provision and not just POS, clarified Medicaid-billable at present.  
Riley: Not found.  
Outcome: NA

### **CODES WITH NASMHPD ISSUES**

#### **S4325 MH Service Plan Development (9)**

Rec: Change to read "MH Service Plan Development by Non-Physician", H code  
Resp: Much is done multi-disciplinary team which MIGHT involve physician. We therefore do not want to preclude physician participation. Changed service desc. to indicate possibility, but not necessity, of physician participation. Want T code.  
Riley: Asked for "MH Service Plan Development by Non-Physician", T code.  
Outcome: H0031 MH Service Plan Development by Non-Physician

Issue: This code clearly specifies that the service is done by a "non-physician". The mental health field makes wide use of "multidisciplinary treatment planning" often involving a case manager, a nurse, a physician, and a social worker and often reimburses this service as a single fee. The approach as it stands would appear to preclude participation by physician in treatment planning done by a multidisciplinary team and reimbursed as a single unit of service.

Remedy: Revise H0031 to read "MH Service Development Plan". This would allow for plans developed solely by a physician to be billed under 99361 and 99362 while allowing for plans developed by multi-disciplinary teams which might or might not include a physician to be billed under H0031.

#### **S4340 MH Assertive Community Treatment (36)**

Rec: Remove MH, add 15 min unit, will ask for H.  
Resp: Removed MH, asked for T code.  
Riley: Assertive Community Treatment per 15 min, per diem, T code  
Outcome: H0039 Assertive community treatment, face-to-face, per 15 minutes  
H0040 Assertive community treatment program, per diem.

Issue: The use of "face-to-face" could prove problematic in that states often show ACT as a single, separate and unique service which might include activities such as collateral contact and treatment planning in the overall service to be billed as "ACT". The

apparent necessity for what appears to be “client presence” could preclude this approach.

Remedy: Change H0039 to “Assertive Community treatment, per 15 minutes”

#### **S4345 MH Respite, non-residential (55)**

Rec: Use T1005 for 15 min and S9125 for per diem with appropriate POS code  
Resp: T1005 (respite care services, up to 15 minutes) is appropriate. S9125 however contains wording “in client’s home” which is not necessarily applicable for the service being provided as it is sometimes provided IN the home and sometimes OUT of the home. Request either a new code or that S9125 be modified by removing “in the home” or by adding the words “in the home or out of the home”.

Riley: Respite, not in the home, per diem, T code

Outcome: H0045 Respite care services, not in the home, per diem

Issue: This wording would seem to preclude provision of respite care IN the home on a per diem basis. States require the flexibility to tailor and reimburse for services in a manner that is most beneficial to the client without regard for restrictions imposed by a coding entity.

Remedy: Either rename H0045 “Respite Care Services, Per Diem” or use the generic S5151 “Unskilled respite care, not hospice; per diem” as it does not appear to be linked to physical location. There is question as to whether S5151 fits into the MH model.

#### **S4357 MH Counseling and Therapy (25)**

Rec: Modify current SA code H0004 to read “Behavioral Health”, add 15 min unit.

Resp: NASMHPD and NASADAD disagree. NASMHPD proposes adding “BH Counseling/Therapy” AND keeping H0004 “SA Counseling and Therapy” as to change H0004 or replace would cause significant disruption to state systems of care. The NASMHPD approach would allow states that are structured to differentiate between SA and MH services to do so by using H0004 for SA and the new BH code for Mental health. States with totally integrated service delivery could use the BH code. The response clarified that these are not arbitrary decisions between types of service but overall state philosophies and approaches to care and treatment that should not be impacted by coding.

Riley: Discontinue H0004 and replace with new H code “Behavioral health counseling and therapy, per 15 min”

Outcome: Revise H004 to “Behavioral health counseling and therapy, per 15 min”

Issue 1: There are states such as Ohio whose entire MH/SA service provision and reimbursement system is predicated on being able to differentiate between MH and SA services. These states could be forced to change their approach to service provision as a result of a coding decision.

Remedy: Provide separate codes for “SA Counseling and Therapy” and “BH Counseling and Therapy” by leaving H0004 as it is currently and adding a new code for “SA Counseling and Therapy, per 15 min”.

Issue 2: States will typically pay for Counseling and Therapy based on a combination of time and type/level of clinician. While this code deals with the time issue, it does not deal contain provision for determining clinician type. The HIPAA approach to this appears to be based on the utilization of the Unique Provider ID linked to a detailed Provider Taxonomy. States will be unable to appropriately reimburse for services rendered without full functionality of both of these components.

Remedy: Insure full functionality of both the Unique Provider ID and Provider Taxonomy systems prior to October 16, 2003.

### **AREAS OF DISAGREEMENT BETWEEN NASADAD/NASMHPD**

In all instances, the area of disagreement between NASADAD and NASMHPD focused on the issue of whether or not the code in question could be made generic and equally applicable to either SA or MH. Again, in all instances, NASMHPD was amenable to either adding a separate "MH" only version or making the code generic while NASADAD argued for separate coding. Finally, in all instances, the panel chose to move ahead with the generic code.

#### **S4323 MH Level Of Care Screening (7)**

Rec: Use H0002 modified to "BH".  
Resp: NASMHPD OK. NASADAD disagrees.  
Riley: Use modified H0002

#### **S4333 MH Day Treatment**

Rec: Use T1008 w/modifiers  
Resp: NASMHPD has two issues as T1008 clearly states "for individual alcohol and/or SA services". First, T1008 is clearly not for MH services. Second, the MH approach to day tx is predominately done in a group and not individual setting. Proposed appropriate changes to allow generic use. NASADAD disagrees w/generic approach.  
Riley: Not found.  
Outcome: H2012 Behavioral Health Day Treatment, per hour  
Short Behav Hlth Day Treat, per hr

Note: T1008 will be discontinued effective 4/1/03.

#### **S4343 MH Residential Treatment (41)**

Rec: Make H0017, H0018 and H0019 Generic.  
Resp: NASMHPD agrees with proposed changes. NASADAD disagrees  
Riley: Replace H0017. Short: BH Residential, per diem. Long: BH residential (hospital residential treatment program), without room and board.  
Replace H0018. Short: BH S-T resid, per diem. Long: Behavioral health, short term residential (non-hospital residential treatment program) without room and board, per diem.  
Replace H0019. Short: BH L-T resid, per diem. Long: Behavioral health, long-term residential (non medical, non –acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem.  
Outcome: H0017 Behavioral health residential (hospital residential treatment program), without room and board.  
H0018 Behavioral health, short term residential (non-hospital residential treatment program) without room and board, per diem.  
H0019 Behavioral health, long-term residential (non medical, non –acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

#### **S4352 MH Prevention Services (74)**

Rec: Modify H0024, H0025 to eliminate reference to SA and make generic  
Resp: NASMHPD concurs that codes H0024—H0029 made generic would suffice. NASADAD disagrees.  
Riley: Modify H0024 to Short: BH Info Dissem. Long: Behavioral Health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)"  
Modify H0025 to Short: BH Education Serv. Long: Behavioral Health prevention

education service (delivery of services with target population to affect knowledge, attitude, and or behavior)"

Outcome: H0024 Behavioral Health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)  
H0025 Behavioral Health prevention education service (delivery of services with target population to affect knowledge, attitude, and or behavior)

**##### MH Outreach (94)**

Rec: Use a generic H0023

Resp: NASMHPD agrees that H0023 appropriately renamed and edited to remove SA references is sufficient. NASADAD disagrees.

Riley: Revise H0023 to remove references to SA.

Outcome: H0023 Behavioral health outreach service (planned approach to reach a targeted population)

**SECTION III: COMMENTS ON MODIFIERS AND SA CODES**  
**January 3, 2003**

**MODIFIERS**

**UK** SERVICES PROVIDED ON BEHALF OF THE CLIENT TO SOMEONE OTHER  
THAN THE CLIENT (COLLATERAL RELATIONSHIP)  
**SHORT:** Svc on behalf client-collat

This item would appear to meet our need for a modifier to designate services provided to a collateral of a client as requested in our modifier request of June 2002. While we expected this to come as an "H" modifier as did all of our other requests, there does not appear to be any prohibition against our using the "U" series.

**SUBSTANCE ABUSE**

**H2034 Alcohol and/or Drug Abuse Halfway House Services, per diem**

Short A/D Halfway House, per diem

This code appears to fill NASADAD's request for a mechanism to identify a community-based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment. This type of service provides substance abuse treatment, but it also emphasizes protective and supportive elements of family living, while encouraging and providing opportunities for independent growth and responsible community living, mutual self-help, assistance in economic and social adjustment, the integration of life skills into daily life, and a solid program of recovery.

**H2035 Alcohol and/or Other Drug Treatment Program, per diem**

Short A/D Tx Program, per diem

**H2036 Alcohol and/or Other Drug Treatment Program, per hour**

Short A/D Tx Program, per hour

These codes are in response to NASADAD's request.

**H2037 Developmental Delay Prevention Activities, Dependent Child of Client, per 15 minutes**

Short Dev Delay Prev Dp Ch, 15 min.

This code appears to be a response to the request for BH "Child Development" defined as services designed to foster the development of children of clients undergoing treatment of alcohol and/or other drug abuse while the client is in treatment.